

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

5583

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 105

06 06
ICE OF DEATH
12 AND 72
IAL RESIDENCE
X-

DECEDENT
PERSONAL
DATA 168

CAUSE
OF
DEATH
(ITEM 18)
1
9
PERATIONS
AUTOPSY

MEDICAL
RTIFICATION

DEATH
DUE TO
EXTERNAL
VIOLENCE

CORONER'S
RTIFICATION

FUNERAL
DIRECTOR
AND
REGISTRAR

1. PLACE OF DEATH A. COUNTY <u>Greenlee</u>		B. LENGTH OF STAY IN TOWN IN ARIZONA <u>48 hrs 48 yrs</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION) A. STATE <u>Ariz</u>	
C. CITY OR TOWN <u>Morenoi</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Morenoi</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)					
3. NAME OF DECEASED (TYPE OR PRINT) <u>Carmen</u>		B. (MIDDLE) <u>Grae</u>		C. (LAST) <u>Grae</u>	
4. SEX <u>M</u>		5. COLOR OR RACE <u>White</u>		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Widowed</u>	
6B. NAME OF SPOUSE <u>Quirina Grae</u>		7. DATE OF BIRTH MONTH <u>July</u> DAY <u>2</u> YEAR <u>1886</u>		8. AGE (IN YEARS LAST BIRTHDAY) <u>68</u>	
9B. KIND OF BUSINESS OR INDUSTRY <u>Copper Mining</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Mexico</u>		11. CITIZEN OF WHAT COUNTRY? <u>Mexico(?)</u>	
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <u>No</u>		13. SOCIAL SECURITY NO. <u>526-03-9562</u>		14. BIRTHPLACE (STATE OR COUNTRY) <u>Mexico</u>	
15A. FATHER'S NAME <u>Filomeno Grae</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Mexico</u>		16. MOTHER'S MAIDEN NAME <u>Nicolas Prieto</u>	
17. DATE OF DEATH (MONTH) <u>Oct</u> (DAY) <u>7</u> (YEAR) <u>1954</u>					
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>Tuberculosis, pulmonary</u> DUE TO (B) _____ DUE TO (C) _____ 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. INTERVAL BETWEEN ONSET AND DEATH <u>years</u>					
19A. DATE OF OPERATION _____ 19B. MAJOR FINDINGS OF OPERATION _____					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19____, TO _____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON <u>10-8-54</u> , 19 <u>54</u> , AND THAT DEATH OCCURRED AT <u>11:00 PM</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
22A. SIGNATURE <u>Thomas B. James MD</u> (DEGREE OR TITLE) 22B. ADDRESS <u>Morenoi Ariz</u> 22C. DATE SIGNED <u>10-8-54</u>					
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY) _____		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) _____		23C. (CITY OR TOWN) (COUNTY) (STATE) _____	
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY _____		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR? _____	
24A. CORONER'S SIGNATURE _____				24B. ADDRESS _____	
24C. DATE SIGNED _____				24D. DATE SIGNED _____	
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>Oct 11-1954</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Graternal</u>	
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Morenoi Ariz</u>		26A. DATE REC. BY LOCAL REG. <u>10-11-54</u>		26B. REGISTRAR'S SIGNATURE <u>Bury Strickland</u>	
26C. FUNERAL DIRECTOR'S SIGNATURE <u>J. M. McLean</u>		26D. ADDRESS <u>Clayton Ariz</u>		26E. ADDRESS _____	